

**PLEASE REVIEW THE FOLLOWING**  
**IMPORTANT INFORMATION**  
**BEFORE FILLING OUT A PETITION FORM!**

- Please call an Information Officer in the Regional Office nearest you for assistance in filing a petition. The Information Officer will be happy to answer your questions about the petition form or to draft the petition on your behalf.
- Check one of the boxes listed under Question 1 representing the purpose of the petition: RC-a union desires to be certified as the bargaining representative of employees; RM-an employer seeks an election because one or more individuals or unions have sought recognition as the bargaining representative, or based on a reasonable belief supported by objective considerations that the currently recognized union has lost its majority status; RD-employees seek to remove the currently recognized union as the bargaining representative; UD-employees desire an election to restrict the union's right to maintain a union shop clause; UC-a labor organization or an employer seeks clarification of the existing bargaining unit; or AC-a labor organization or an employer seeks an amendment of a certification issued in a prior Board case.
- Under Question 5, please carefully describe the bargaining unit involved in the petition, listing the job classifications included in the unit and the job classifications excluded from the unit.
- After completing the petition form, be sure to sign and date the petition and mail, fax or hand deliver the completed petition form to the appropriate Regional Office.
- The filing of a petition seeking certification or decertification of a union should be accompanied by a sufficient showing of interest to support such a petition—i.e., a showing that 30% or more of the employees in the bargaining unit seek to be represented by the union or seek to decertify the currently recognized union. If the original showing is not sent to the Region with the filing of the petition, a party must deliver the original showing of interest to the Region within **48 hours** after the filing of the petition, but in no event later than the last day on which a petition may be timely filed.
- Be sure to include telephone and fax numbers of the parties since this will be a significant aid to the processing of the petition.
- Be sure to include the name and address of any other labor organization or individuals known to have a representative interest in any of the employees in the unit described in Question 5 of the petition.
- A petition should be filed with the Regional Office where the bargaining unit exists. If the bargaining unit exists in two or more Regions, it can be filed in any of such Regions. An Information Officer will be happy to assist you in locating the appropriate Regional Office in which to file your petition.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

**INSTRUCTIONS:** Submit an original and 4 copies of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. If more space is required for any one item, attach additional sheets, numbering item accordingly.

The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

1. **PURPOSE OF THIS PETITION** (If box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)

- ☐ **RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.
- ☐ **RM-REPRESENTATION (EMPLOYER PETITION)** - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.
- ☐ **RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.
- ☐ **UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES)** - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded.
- ☐ **UC-UNIT CLARIFICATION** - A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) ☐ In unit not previously certified. ☐ In unit previously certified in Case No. \_\_\_\_\_
- ☐ **AC-AMENDMENT OF CERTIFICATION** - Petitioner seeks amendment of certification issued in Case No. \_\_\_\_\_. Attach statement describing the specific amendment sought.

2. Name of Employer \_\_\_\_\_ Employer Representative to contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) \_\_\_\_\_ Telecopier Number (Fax) \_\_\_\_\_

4a. Type of Establishment (Factory, mine, wholesaler, etc.) \_\_\_\_\_ 4b. Identify principal product or service \_\_\_\_\_

5. Unit involved (in UC petition, describe present bargaining unit and attached description of proposed clarification.) \_\_\_\_\_ 6a. Number of Employees in Unit: \_\_\_\_\_  
Included \_\_\_\_\_ Present \_\_\_\_\_  
Excluded \_\_\_\_\_ Proposed (By UC/AC) \_\_\_\_\_  
6b. Is this petition supported by 30% or more of the employees in the unit? \* ☐ Yes ☐ No  
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable.) \*Not applicable in RM, UC, and AC

7a. ☐ Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state.)  
7b. ☐ Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8. Name of Recognized or Certified Bargaining Agent (If none, so state.) \_\_\_\_\_ Affiliation \_\_\_\_\_

Address, Telephone No. and Telecopier No. (Fax) \_\_\_\_\_ Date of Recognition or Certification \_\_\_\_\_

9. Expiration Date of Current Contract. If any (Month, Day, Year) \_\_\_\_\_ 10. If you have checked box UD in 1 above, show here the date of execution of agreement granting union shop (Month, Day, and Year) \_\_\_\_\_

11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes \_\_\_\_\_ No \_\_\_\_\_ 11b. If so, approximately how many employees are participating? \_\_\_\_\_

11c. The Employer has been picketed by or on behalf of (Insert Name) \_\_\_\_\_, a labor organization, of (Insert Address) \_\_\_\_\_ Since (Month, Day, Year) \_\_\_\_\_

12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state.)

Name	Affiliation	Address	Date of Claim
			Telecopier No. (Fax)

13. Full name of party filing petition (If labor organization, give full name, including local name and number)

14a. Address (street and number, city, state, and ZIP code) \_\_\_\_\_ 14b. Telephone No. \_\_\_\_\_  
14c. Telecopier No. (Fax) \_\_\_\_\_

15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when petition is filed by a labor organization)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)	Signature	Title (if any)
Address (street and number, city, state, and ZIP code)		Telephone No.
		Telecopier No. (Fax)